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2175
10-24-02

PTO/SB/21 (08-00)
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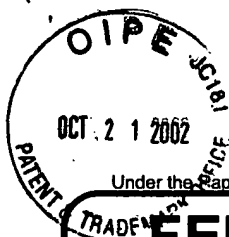
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/072,071
	Filing Date	02/08/2002
	First Named Inventor	SORENSEN
	Group Art Unit	RECEIVED OCT 22 2002
	Examiner Name	POPOVICI
Total Number of Pages in This Submission	Attorney Docket Number	52-173 Technology Center 2100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PRELIMINARY AMENDMENT AND PETITION TO MAKE SPECIAL
Remarks ALSO ENCLOSED: Form PTO/SB/06 Form PTO/SB/07 Form PTO/SB/17		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	EDWARD W. CALLAN
Signature	<i>Edward W Callan</i>
Date	October 17, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 10-17-02			
Typed or printed name	EDWARD W. CALLAN		
Signature	<i>Edward W Callan</i>	Date	10-17-02

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PTO/SB/17 (10-01)

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10/072,071
Filing Date	02/08/2002
First Named Inventor	SORENSEN
Examiner Name	POPOVICI, D
Group Art Unit	2175
Attorney Docket No.	52-173

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	03-0375
Deposit Account Name	EDWARD W. CALLAN

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☒ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	130.00
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 130.00

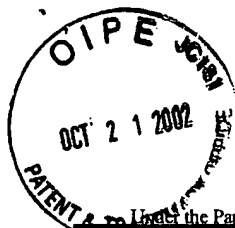
SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	EDWARD W. CALLAN	Registration No. (Attorney/Agent)	24,720	Telephone	858-259-5533
Signature	Edward W. Callan	Date	10-17-02		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PTO/SB/06 (08-00)
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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number		
						10/072,071		
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)						
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$ 370		\$	
TOTAL CLAIMS (37 CFR 1.16(c))	84	minus 20 =	* 64	x \$ 9 =	576			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	32	minus 3 =	* 29	x 42 =	1218			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ 140 =	140			
				TOTAL	2304			
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 22	Minus	** 64	= 0	x \$ 9 =	0	x \$ =
	Independent (37 CFR 1.16(b))	* 1	Minus	*** 29	= 0	x 42 =	0	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	0	+ =	
				TOTAL	0		TOTAL	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE		ADDIT. FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =		x \$ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =		x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =		+ =	
				TOTAL			TOTAL	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE		ADDIT. FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =		x \$ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =		x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =		+ =	
				TOTAL			TOTAL	

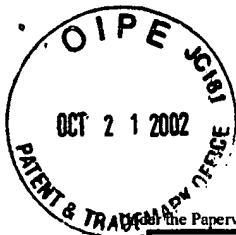
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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PTO/SB/07 (08-00)
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number 10/072,071		Filing Date 02/08/2002			
							Applicant(s) SORENSEN ET AL.					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			1		
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
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33		27					83					
34	1						84					
35		1					85					
36			1				86					
37				1			87					
38				1			88					
39				1			89					
40				4			90					
41				2			91					
42				2			92					
43				2			93					
44				1			94					
45				1			95					
46				1			96					
47				1			97					
48				1			98					
49				1			99					
50				1			100					
Total Indep	32		1				Total Indep					
Total Depend	52		20				Total Depend		1			
Total Claims	84		21				Total Claims		1			

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